

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17111

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4266	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3453 Crittenden				e. STREET ADDRESS (If rural, give location) 16 - 3453 Crittenden Ave. 21695			
3. NAME OF DECEASED (Type or Print) Minnie		a. (First)		b. (Middle)		c. (Last) Wiedmer	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Dec. 23-1878	
9. AGE (In years last birthday) 76		10. AGE (In years last birthday) 76		11. BIRTHPLACE (City and State or Foreign Country) Pocahontas, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glove Inspector		10b. KIND OF BUSINESS OR INDUSTRY Chapman Bro. Cleaning		13a. FATHER'S NAME John Wiedmer		13b. MOTHER'S MAIDEN NAME Katherine Grobe	
14. NAME OF HUSBAND OR WIFE Never married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-10-1958		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Baur	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure INTERVAL BETWEEN ONSET AND DEATH 24 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenomatous Thyroid, moderately active. DUE TO (c) mitral insufficiency. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. years.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 194X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/4/42 to May 12, 1955 , that I last saw the deceased alive on May 12, 1955 , and that death occurred at 8:20P m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) Dr. H. Mathae M.D.		23b. ADDRESS 31675 Grand Blvd.	
23c. DATE SIGNED 5/13/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Bethalto Cemetery	
24d. LOCATION (City, town, or county) (State) Bethalto, Ill.		DATE REC'D BY LOCAL REG. MAY 13 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary	
ADDRESS 6161 Chipmunk St., St. Louis, Mo.		3. P. (Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Geo. Mathae
3167 So. Grand Ave.
1:00 to 2:00PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Linus C. Hoffmann

Licensed Embalmer No. 387

P. O. Address 7814 S. B.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.